



Blood Transfusion Safety and Haemovigilance Course: Bedside Checks and Transfusion Reactions

3 – 7 May 2027

Amsterdam - Zuidas business district hotel



Blood Transfusion Safety and Haemovigilance Course: Bedside Checks and Transfusion Reactions

Ref: 1538_24911 **Date:** 3 – 7 May 2027 **Location:** Amsterdam - Zuidas business district hotel **Fees:** 23500 SAR

Introduction:

Blood transfusion safety and haemovigilance is the subject of this 5-day course for ward nurses, prescribing clinicians, blood bank staff, transfusion practitioners and quality staff, who produce a Hospital Transfusion Safety Audit and Improvement Plan. Hospitals still see mislabelled samples, skipped bedside identity checks, late recognition of transfusion reactions and unreported near misses, each of which can expose a patient to an incompatible blood component. Nominees already request, collect, issue or administer blood components, and teaching is by case study on real transfusion records and reported events. CoreConcept Training Center delivers this blood transfusion safety course.

Course Objectives:

- Trace each step of the transfusion chain from donor to recipient and apply patient blood management principles to avoid unnecessary transfusion
- Complete transfusion requests and pre-transfusion samples with positive patient identification that prevents wrong blood in tube events
- Interpret grouping, antibody screen and crossmatch results at clinician level and decide when emergency group O release is justified
- Perform collection, bedside identity checks, administration and observations for red cells, plasma and platelets
- Recognise and manage acute and delayed transfusion reactions and report them through the haemovigilance system with an investigation
- Run a transfusion audit and staff competency review for the hospital transfusion committee, including massive transfusion protocol readiness

Target Audience:

- Ward and critical care nursing staff who collect blood components and administer transfusions at the bedside
 - Prescribing clinicians who decide transfusion indications and complete blood component requests
 - Blood bank staff who receive samples, issue components and handle urgent and massive transfusion demands
 - Transfusion practitioners who train staff, follow up reactions and file haemovigilance reports
 - Quality and audit staff who measure transfusion practice and present findings to the hospital transfusion committee
-

Course Outline:

Day 1: Transfusion Chain, Blood Components and Patient Blood Management

- Transfusion Chain Map From Donor Selection to Recipient Outcome
- Red Cells, Plasma, Platelets and Cryoprecipitate Indications Overview
- Patient Blood Management Three Pillars for Avoidable Transfusion
- Restrictive Haemoglobin Thresholds and Single-Unit Ordering Practice
- Ward Transfusion Practice Baseline Review Against Hospital Policy

Day 2: Requests, Sampling, Patient Identification and Compatibility Testing

- Transfusion Request Form Content and Indication Documentation
- Positive Patient Identification at Pre-Transfusion Sample Collection
- Sample Tube Labelling Rules and Wrong Blood in Tube Prevention
- ABO and RhD Grouping, Antibody Screen and Crossmatch Overview
- Emergency Group O Release and Electronic Issue Criteria

Day 3: Component Collection, Bedside Checks, Administration and Observations

- Collection Slip Check and Cold Chain Handling From Blood Bank
- Bedside Final Identity Check Matching Patient, Prescription and Unit
- Blood Administration Sets, Infusion Rates and Completion Limits
- Baseline, Early and Ongoing Vital Sign Observation Schedule
- Transfusion Consent Discussion and Patient Information Leaflet Use

Day 4: Transfusion Reactions, Haemovigilance Reporting and Massive Transfusion

- Acute Haemolytic, Febrile and Allergic Reaction Recognition at Bedside
- TRALI, TACO and Septic Reaction Immediate Management Algorithm
- Delayed Haemolytic Reaction and TA-GvHD Follow-Up Actions
- Haemovigilance Report Form, Severity Grading and Error Investigation
- Massive Transfusion Protocol Activation, Communication and Stand-Down Roles

Day 5: Case Study on a Hospital Transfusion Safety Audit

- Hospital Transfusion Committee Terms of Reference and Audit Calendar
 - Case Audit of Bedside Check and Observation Records
 - Case Investigation of a Wrong Blood in Tube Near Miss
 - Transfusion Staff Competency Assessment and Training Matrix Design
 - Hospital Transfusion Safety Audit and Improvement Plan Completion
-

Skills You Will Gain:

- Transfusion Chain Mapping
- Patient Blood Management Practice
- Positive Patient Identification
- Bedside Transfusion Checking
- Transfusion Reaction Recognition
- Haemovigilance Reporting
- Transfusion Practice Auditing
- Transfusion Competency Assessment

Why Attend This Course:

- Deliver a Hospital Transfusion Safety Audit and Improvement Plan to the hospital transfusion committee and the nursing and medical directors
- Decide with confidence when to stop a transfusion, which investigations to send and when to activate the massive transfusion protocol
- Avoid wrong blood in tube events, incompatible transfusions and unreported near misses that expose patients to serious harm
- Pass on bedside check routines, reaction algorithms and competency checklists to ward and blood bank colleagues

Conclusion:

Back at work, the participant hands the Hospital Transfusion Safety Audit and Improvement Plan to the hospital transfusion committee, which uses it to decide which wards need retraining, which sampling and bedside check steps to redesign and how to strengthen haemovigilance reporting. Ward managers and the blood bank can apply its audit tools and competency checklists straight away. After the first audit cycle, the committee should review sample rejection rates, bedside check completion, reaction reports and staff competency records against the plan before setting the next audit.

Frequently Asked Questions FAQ:

What should participants know before a blood transfusion safety and haemovigilance course?

Participants should already take part in requesting, sampling, issuing or administering blood components in a hospital. Bringing an anonymised copy of their hospital transfusion policy, request form and observation chart helps them compare their own practice during the case work.

How does blood transfusion safety and haemovigilance differ from a general patient safety or laboratory course?

It follows one high-risk process, the transfusion chain, from request to bedside and reporting. General patient safety improvement, medication safety and bench laboratory techniques belong to neighbouring courses and appear here only where they touch transfusion.

Why is positive patient identification central to blood transfusion safety and haemovigilance?

Most serious transfusion errors start with the wrong patient being sampled or the wrong unit reaching the bedside. Positive identification at sampling, collection and administration is the main barrier against an incompatible transfusion, and haemovigilance reports show where that barrier failed.

What do participants take back from the blood transfusion safety and haemovigilance course?

Participants return with a Hospital Transfusion Safety Audit and Improvement Plan, covering audit tools for sampling and bedside checks, a reaction management algorithm, a haemovigilance reporting route, a staff competency matrix and actions for the hospital transfusion committee.
